SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE	PAGE	2	27	OF	: :	226			
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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NAME OF COMMITTEE (In Full) ELI LILLY AND COMPANY PO	DLITICAL ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) Melissa A Rawlings Mailing Address Lilly Corporate Center	Date of Receipt						
City	State Zip Code IN 46285-0001	Transaction ID : PR2171971838441					
Indianapolis	IN 46285-0001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.32					
Name of Employer	Occupation	1					
Eli Lilly and Company	Advisor-Privacy]					
Receipt For:	Aggregate Year-to-Date ▼	DO 5 1 1 1 1					
Primary General Other (specify) ▼	346.30	P/R Deduction (\$50.32 Monthly)					
Full Name (Last, First, Middle Initial) Alex M Azar		Date of Receipt					
Mailing Address Lilly Corporate Center		07 31 / Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : PR2203182838441					
Indianapolis	IN 46285-0001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	416.00					
Name of Employer	Occupation	1					
Eli Lilly and Company	President-Lilly USA						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2912.00	P/R Deduction (\$416.00 Monthly)					
Full Name (Last, First, Middle Initial) Susan C Guba		Date of Receipt					
Mailing Address Lilly Corporate Center		07 31 2015					
City	State Zip Code	Transaction ID : PR2203236638441					
Indianapolis	IN 46285-0001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	102.86					
Name of Employer	Occupation	1					
Eli Lilly and Company	Medical Fellow						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	711.02	P/R Deduction (\$102.86 Monthly)					
SUBTOTAL of Receipts This Page (optional)	569.18						
TOTAL This Period (last page this line number	r only)						